

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.  
 Registrations expire on January 31 unless a renewal is  
 submitted between December 1 and January 31.

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

**FOR OFFICE USE ONLY**

Postmark Date: 1-2-91

REG

1981234

DEC 5 12:20

1. NAME Sickels, Linda S.  
 Last First MI

2. BUSINESS PHONE (214) 589-8187  
 Area Code and Phone Number

3. BUSINESS ADDRESS 2525 Stemmons Freeway Dallas, Texas 75207  
 Street and No. City State Zip

4. EMPLOYER Trinity Industries, Inc.

5. EMPLOYER'S ADDRESS 2525 Stemmons Freeway Dallas, TX 75207  
 Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name ☒ Trinity Industries, Inc.

2525 Stemmons Freeway Dallas, Texas 75207

Address Heavy Steel Manufacturer

Business or purpose Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

Z 346 761 37

100  
Lobbyist's Registration Number

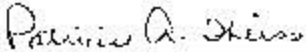
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Texas  
Parish of Dallas

Before me, the undersigned authority, personally came and appeared Linda S. Sickels, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 1st day of  
December, 19 97.

  
Notary Public

Rev. 8/97



ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

